



COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
APPLICATION FOR TREE TRIMMING/REMOVAL PERMIT

OWNER/APPLICANT NAME: _____ DATE: _____

Property Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

E-Mail Address: _____ Telephone No.: _____

Requested Scope of Work: _____

The owner/applicant hereby makes application to perform work within the Public Highway at the location described above, subject to the provisions required by the Los Angeles County Code (LACC), Title 2, Division 1; LACC, Title 16, Division 1; and LACC, Title 16, Division 5, Chapter 16.76 as amended or the attachments hereon specified, AND THE SPECIFIED REQUIREMENTS INDICATED.

Permittee will defend, indemnify, and hold harmless the County of Los Angeles and its officers, agents, or employees from all claims or liability arising from any accident, loss, or damage to persons or property proximately caused by any actions or omissions to act by permittee or permittee's agents while engaged in the activities contemplated by this permit.

Permittee will reimburse the County for the reasonable cost of repairing damage to County improvements or property proximately caused by any actions or omissions to act by permittee or permittee's agents while engaged in the activities contemplated by this permit.

I (Property Owner/Applicant) hereby authorize the Contractor identified below to obtain permits, on my behalf, for the project at the property address indicated above.

CONTRACTOR AND ISA INFORMATION

Contractor: _____ CSLB# _____

Company Address _____ City _____ Zip Code _____

Print Name of Company Representative _____ Signature of Company Representative _____

E-Mail Address: _____ Telephone No. _____

Certified Arborist Name (Please Print) _____ ISA Arborist Certification Number _____

Owner must agree to conditions and requirements stated on this application and sign below for the application to be accepted for review and processing.

Signature of Property Owner (Required) _____ *Print Name of Property Owner*

Bring the required documents identified on Page 2 and this completed application to the permit office located at:

Address _____ City _____ Zip Code _____

REQUIREMENTS FOR OBTAINING A TREE TRIMMING/REMOVAL PERMIT

- Complete and sign the tree trimming/removal permit application. Submittal of all requested documents will be required prior to permit issuance. Only **complete** permit application packages will be accepted for review and processing.
- By signing the permit application, the Owner/Applicant and contractor certifies that they are familiar with the requirements of the County Lobbyist Ordinance (Los Angeles County Code, Chapter 2.160), and that all persons acting on behalf of the Owner/Applicant have complied with and will continue to comply with this ordinance throughout the application process.
- Traffic Control Plans are required for street closures or work within major highways and busy intersections. Road Closure Permits can be obtained at www.dpw.lacounty.gov/permits.
- Provide proof of **General Liability** and **Workers Compensation** insurance. All insurance documents, including the required endorsement form, must name **The County of Los Angeles** as "Additionally Insured" per current insurance requirements. **SEE PAGES 3 – 5 for additional information and sample.**
- The contractor must possess at the time of application a valid **C27 or C61 (D49) License**. All work identified in the Approved Scope of Work on the issued Tree Trimming/Removal Permit shall be done in the presence of an International Society of Arboriculture certified Arborist. If the tree is not trimmed per arboricultural standards and as a result of the work, the tree dies, the County reserves the right to not replace the tree.
- All trees must be trimmed per ISA standards and approved scope of work specified in the issued permit.
- If a tree is being proposed for removal, the stump must also be removed and will be included in the final scope of work. Prior to performing any tree removal work, the Owner/Applicant is responsible for contacting USA "Dig Alert" at www.digalert.org/index.asp or by calling 811 .

FOR OFFICE USE ONLY

- ☐ Completed and signed Application for Tree Trimming/Removal Permit signed by both the Owner/Applicant and the contractor.
- ☐ Proof of General Liability and Workers Compensation insurance, naming the County of Los Angeles as "Additionally Insured".
- ☐ Completed and signed endorsement form.
- ☐ Evidence of a valid C27 or C61 (D49) License.
- ☐ Name and certification number of the ISA certified arborist that will be onsite during the performance of the work.

LIABILITY INSURANCE

The Permittee shall furnish the Agency with a Certificate of Liability Insurance with the Agency named as the certificate holder and a copy of the Additional Insured Endorsement for the general liability insurance of the permittee's contractor. Notwithstanding any inconsistent statement in the policy or any subsequent endorsement attached thereto, the Agency shall be named as an additionally insured covering the work, whether liability is attributable to the Permittee or the Agency.

1. The Permittee may file insurance acceptable to the Agency covering more than one permit. The coverage shall provide the following minimum limits:

Bodily Injury.....	\$250,000 each person \$500,000 each occurrence \$500,000 aggregate products and completed operations
Property Damage.....	\$100,000 each occurrence \$250,000 aggregate

2. A combined single limit policy with aggregate limits in the amount of \$1 million dollars will be considered equivalent to the required minimum limits.

All liability insurance policies shall bear an endorsement or shall have an attached rider whereby it is provided that, in the event of expiration or proposed cancellation of such policies for any reason whatsoever, the Agency shall be notified by mail, giving a sufficient time before the date thereof to comply with any applicable law or statute, but in no event less than 30 days before expiration or cancellation is effective.

The Additional Insured Endorsement to the general liability insurance must contain the following language:

"The County of Los Angeles and public entity or Special District for which the Los Angeles County Board of Supervisors is the governing body, and their Agents, Officers, and Employees, shall be Additional insured(s) while acting within the scope of their duties against all claims arising out of, or in connection with the work to be performed."

NOTE: Circled items MUST be filled out completely.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 01/01/2013
PRODUCER INSURANCE BROKER OR COMPANY NAME AND CONTACT INFORMATION, INCLUDING EMAIL ADDRESS		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED COMPANY NAME AND CONTACT INFORMATION, INCLUDING A VALID EMAIL ADDRESS		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	GL8050623	08/01/12	08/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	TP988035201	08/01/12	08/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	006502599	08/01/12	08/01/13	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below Yes / No	FACRUB3175M68411	08/01/12	08/01/13	WC STATUTORY LIMITS \$ OTH-ER \$ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000
OTHER						

All policy expirations MUST be valid until after permit expiration date

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER	CANCELLATION
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS ATTN: _____ ROAD MAINTENANCE DIVISION P.O. BOX 1460 ALHAMBRA, CA 91802-1460	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER SHALL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER.
	AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

MUST use this address

Sign Here

MUST match with General Liability Policy Number
on Certificate of Liability Insurance

POLICY NUMBER: _____

COMMERCIAL GENERAL LIABILITY
CG 20 12 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

MUST include this
section verbatim

State Or Governmental Agency Or Subdivision Or Political Subdivision:

The County of Los Angeles and public entity or Special District for which the Los Angeles County Board of Supervisors is the Governing Body, and their Agents, Officers and Employees, shall be Additional insured(s) while acting within the scope of their duties against all claims arising out of or in connection with the work to be performed.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".